EXETER PEDIATRICS PROVIDER SURVEY

| 1. | Were the families worries or concerns addressed at today's office visit? | | |
|----|--|------------------------|---------------------------------------|
| | | () yes | () a little bit |
| | | () somewhat | () not at all |
| 2. | How <u>satisfied</u> were you | with the amount of tir | me allowed to discuss their concerns? |
| | | () very satisfied | () somewhat dissatisfied |
| | | () satisfied | () very dissatisfied |
| 3. | Was a plan created to address the concerns of the family? | | |
| | | () yes | () no |
| | | () unsure | |
| 4. | How satisfied are you with this plan? | | |
| | | () very satisfied | () somewhat dissatisfied |
| | | () satisfied | () very dissatisfied |
| | | () not applicable | |
| 5. | How would you rate the communication between you and the child/adolescent at | | |
| | today's visit? | | |
| | | () excellent | () just okay |
| | | () very good | () poor |
| | and between you and the family? | | |
| | | () excellent | () just okay |
| | | () very good | () poor |
| | | | |

6. What could have been done to improve this visit?